

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER 601-576-7847
ADDRESS PO Box 1700		CITY Jackson	STATE MS
EMAIL ingrid.williams@msdh.ms.gov	SUBMIT DATE 9/3/15	Name or number of rule(s): MINIMUM STANDARDS FOR COMPREHENSIVE RESIDENTIAL REHABILITATION – BRAIN AND SPINAL CORD INJURY (CRR-BSCI)	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

New regulation set for brain and spinal cord injury facility types to provide care devoted to the provision of care for residents in a transitional or life-long living program for persons with brain and/or spinal cord injury.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §43-11-13

List all rules repealed, amended, or suspended by the proposed rule: New Chapter: Chapter 4

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: September 30, 2015 Time: 10:30 am
Place: MS State Dept of Health – Osborne Auditorium 570 West Woodrow Wilson Dr. Jackson, MS

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

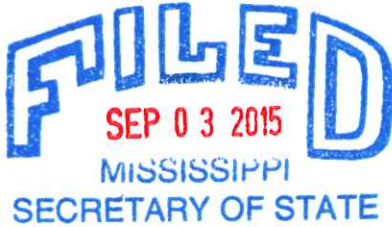
ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mitchell Adcock, Chief Administrative Officer

Signature of person authorized to file rules: *Mitchell Adcock*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>#21510</u> <u><i>[Signature]</i></u>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMAN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME MS State Department of Health	CONTACT PERSON Mitchell Adcock		TELEPHONE NUMBER 601-576-7847
ADDRESS PO Box 1700	CITY Jackson	STATE MS	ZIP 39211-1700
EMAIL ingrid.williams@msdh.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE MINIMUM STANDARDS FOR COMPREHENSIVE RESIDENTIAL REHABILITATION – BRAIN AND SPINAL CORD INJURY (CRR-BSCI)		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. §43-11-13		Reference to Rules repealed, amended or suspended by the Proposed Rule: n/c	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

State will have a new facility type that is devoted to the provision of care for residents in a transitional or life-long living program for persons with brain and/or spinal cord injury.

2. Briefly describe the need for the proposed rule:

No such facility currently exists in this state.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

To provide residential treatment and rehabilitative care in a transitional or life-long living program for persons with brain and/or spinal cord injury.

4. Estimated Cost of implementing proposed action:

a. To the agency

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

b. To other state or local government entities

☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

c. Cost:

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

d. Economic Benefit:

☐ Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive

6. Estimated impact on small businesses:

☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

a. Estimate of the number of small businesses subject to the proposed regulation:

- b. Projected costs for small businesses to comply:
- c. Statement of probable effect on impacted small businesses:

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- ☐ substantially less than ☐ moderately less than ☐ minimally less than
☒ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- ☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☒ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- ☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.) n/a

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

Oral proceeding is scheduled for September 30, 2015 at 10:30 a.m. at the Mississippi State Department of Health – Osborne Auditorium 570 West Woodrow Wilson Dr. Jackson, MS. Individuals may also present written comment to: Mississippi State Department of Health, Attention: Mary Gervin, HFLC, 143B LeFleur's Square, PO Box 1700, Jackson, MS 39215.

SIGNATURE



TITLE

Mitchell Adcock, Chief Administrative Officer

DATE

9-3-15

PROPOSED EFFECTIVE DATE OF RULE
30 days after final filing
